

EXCESS LODGING RATE REQUEST/APPROVAL

STD. 255C (REV. 9-94) FMC

Prior Department of Personnel Administration (DPA) approval is required for amounts that exceed the delegated lodging rates.

Submit APPROVED request with Travel Claim.

CLAIMANT'S NAME <i>(Print or Type)</i>		PRIMARY RESIDENCE <i>((City, State and ZIP Code)</i>		WORK PHONE NUMBER <i>(Include Area Code)</i>		
DEPARTMENT		DIVISION/OFFICE		HEADQUARTERS CITY		
DEPARTMENTAL AUTHORITY APPROVAL REQUIRED			ADVANCE DEPARTMENTAL AND DPA APPROVAL REQUIRED			
<input type="checkbox"/> State sponsored conferences and conventions over \$79.00 per night up to \$110. <i>(Attach documentation.)</i> <input type="checkbox"/> Non-State sponsored conferences and conventions over \$79.00 per night up to \$150. <i>(Attach documentation.)</i>			<input type="checkbox"/> Regular Travel over \$79.00 per night. <i>(Explain below.)</i> <input type="checkbox"/> State-sponsored Conferences/Conventions over \$110.00 per night. <i>(Attach documentation.)</i> <input type="checkbox"/> Non-State sponsored Conferences/Conventions over \$150.00 per night. <i>(Attach documentation.)</i>			
TRAVEL DATES	FROM <i>(Month, Day, Year)</i>		LODGING INFORMATION	LODGING NAME		
	TO <i>(Month, Day, Year)</i>			ADDRESS		
POINT OF ORIGIN						
DESTINATION				ROOM RATE \$		
REASON FOR TRIP						




REASON(S) FOR HIGHER LODGING RATE

- | | |
|--|---|
| <input type="checkbox"/> Employee required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation." | <input type="checkbox"/> No alternative lodging available |
| <input type="checkbox"/> State business will be conducted in late night meetings. | <input type="checkbox"/> Other |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | |

Explain why the above reason(s) applies *(attach additional page if necessary)*.

Attach copies of agenda, lodging requirements, registration, etc.

I request prior approval of a lodging rate in excess of the approved state rates.

CLAIMANT'S SIGNATURE 	CLAIMANT'S TITLE	CBID	DATE SIGNED
DEPARTMENT CONTACT <i>(Print or Type)</i>	DEPARTMENT CONTACT'S TITLE	DEPARTMENT CONTACT'S PHONE NUMBER	
DEPARTMENT APPROVAL <i>(Signature)</i> 	TITLE	DATE APPROVED BY DEPARTMENT	
DPA APPROVAL <i>(Signature)</i> 	TITLE	DATE APPROVED BY DPA	